

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296 ext. 227

APPLICATION FOR RENEWAL

For Office Use Only

SS#:

Active \$50.00

Inactive \$10.00

Your Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS Chapter 326.080 and regulations governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$50.00 for an active license and \$10.00 for an inactive status, by check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer**, and show evidence of the completion of six (6) hours of continuing education. **Incomplete forms will be returned.**

Your renewal form must be received by this office (postmarked) no later than January 1, 2004. If your renewal is received (postmarked) after January 1, 2004, you will be required to pay an additional \$10.00 late penalty fee. **There are no exceptions.** At the end of a thirty-(30) day grace period, February 1, 2004, any license not renewed will be revoked. Any form which must be returned due to incomplete or incorrect information, will be subject to late penalties if not received in our office by the deadline stated above.

PLEASE COMPLETE THE FOLLOWING

☐ Check here if **Name or Mailing Address** is different from above:

1. Name: _____ Home Phone: () _____

Address: _____

2. Present Business Name: _____ Business Phone: () _____

Business Address: _____

3. Social Security Number: _____-_____-_____

☐ I am requesting to renew my license on an **active status**. The \$50.00 fee is attached.

☐ I am requesting to renew my license on an **inactive status** as I am not engaging in the practice of ophthalmic dispensing. The \$10.00 fee is attached.

☐ I am not sponsoring an apprentice at this time.

☐ I have agreed to sponsor and provide supervision to an apprentice(s) working on site with me. I have listed below the name(s) of the apprentice(s). *(This information will supersede any information currently on file.)*

Apprentice #1 _____ License Number _____

Apprentice #2 _____ License Number _____

201 KAR 13:055 Section 2. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) continuing education hours in order to renew his license each year.... Continuing education hours in excess of the number of required at the time of renewal of license may not be applied to future requirements.

Licenses issued between January 1, 2003 and August 1, 2003 ARE required to have continuing education.

List below all continuing education information requested. Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

Course Name and Number	Date(s) Mo/Day/Yr	Sponsor	Hours Earned
TOTAL NUMBER OF CE HOURS OBTAINED			=

☐ Requesting re-activation of license (currently on inactive status), continuing education is required.

Please provide the following information if continuing education information is not provided or incomplete.

☐ License issued after August 1, 2003. No continuing education required. Date issued: _____.

☐ Currently on Inactive Status. (Fee required, no continuing education hours required.)

☐ Requesting Inactive Status. (Fee required, no continuing education hours required.)

☐ Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) _____ Date: _____